

PTO/SB/21 (01-08)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

i	pond to a collection of information unless it displays a valid OMB control number					
	Application Number	10/827,301-Conf. #2573				
	Filing Date	April 20, 2004				
	First Named Inventor	Michael B. Zemel				
	Art Unit	1616				
	Examiner Name	E. J. Webman				
	Attorney Docket Number	31894-202099				

ENCLOSURES (Check all that apply)									
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC							
X Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
X Amendment and Response	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
X After Final	Petition to Convert to a Provisional Application	Proprietary Information							
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter							
X Extension of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please Identify below):							
Express Abandonment Request	Request for Refund	Form PTO SB08A/B							
X IDS (w/ 22 references)	CD, Number of CD(s)								
Certified Copy of Priority Document(s)	Landscape Table on CD								
Reply to Missing Parts/ Incomplete Application	Remarks								
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
	URE OF APPLICANT, ATTORNEY, OF	RAGENT							
Firm Name VENABLE LLP	d 1////								
Signature	Signature								
Printed name Zayy Alathari									
Date Teh,	8, W/9 Reg. No.	42,256							
	, ,								

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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08	Complete if Known										
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						27,301-Conf. #2573					
FEE TRANS	FEE TRANSMITTAL For FY 2008			Filing Date April 20,							
For FY 2				First Named Inventor Michael B. Ze		nel					
			Examiner Name E. J. Webma								
Applicant claims small entity sta	tus. See 37 CFR 1.2	7	741 0/111		1616						
TOTAL AMOUNT OF PAYMENT	TOTAL AMOUNT OF PAYMENT (\$) 640.00			No. 3	o. 31894-202099						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
X Deposit Account Deposit Account	Number: 22-	0261	Deposit	Account Name:	. Ver	nable LLP	<u> </u>				
For the above-identified dep	osit account, the D	irector is	hereby authorize	ed to: (chec	k all that apply)						
x Charge fee(s) indicate	d below		Charg	e fee(s) ind	icated below, ex	cept for t	he filing fee				
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND E	XAMINATION FEI	ES				_					
F	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES						
Application Type Fee (Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)				
Utility 310		510	255	210	105						
Design 210	105	100	50	130	65						
Plant 210	105	310	155	160	80						
Reissue 310	155	510	255	620	310						
Provisional 210	105	0	0	0	0						
2. EXCESS CLAIM FEES							Small Entity				
Fee Description	_		•			Fee (\$)	Fee (\$)				
Each claim over 20 (including Reis	•					50	25				
Each independent claim over 3 (inc.) Multiple dependent claims	luding Reissues)					210	105				
l						370	185				
Total Claims Extra Claims	Fee (\$)	Fee I	aid (\$) Multiple Depend								
HP = highest number of total claims paid fo	x = r. if greater than 20.			ree	<u>e (\$) </u>	ee Paid (\$	71				
Indep. Claims Extra Claims	Fee (\$)	Fee F	Paid (\$)				_				
	x		(4)								
HP = highest number of independent claim	s paid for, if greater that	n 3.									
3. APPLICATION SIZE FEE		_									
If the specification and drawings e	xceed 100 sheets o	of paper	(excluding electrons	onically file	ed sequence or o	computer	^				
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
- 100 =	_		(round up to a who								
4. OTHER FEE(S)						Fees	Paid (\$)				
IDS Petition Fee 180.00											
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00											
SUBMITTED BY	11/1/11										
Signature	IKTHA		Registration No. (Attorney/Agent)	42,256	Telephone	(202) 34	4-4000				
Name (Print/Type) Zays Alathar					Date Feb	13.2	wg				
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